

**EXECUTIVE LOBBYING
SUPPLEMENTAL REGISTRATION FORM**

355
Executive Lobbyist Registration No.

Instructions

1. Print in ink or type.
2. Complete form and return to Board of Ethics, 2413 Quail Dr., 3rd Floor, Baton Rouge LA 70808, or fax to (225) 763-8787. For information or assistance, call (225) 763-8777 or (800) 842-6630. No fee is required.
3. This form must be submitted within 5 days of any changes in your registration form or to add employers or those you represent. It must be submitted within 10 days of any termination of employment or representations.

FOR OFFICE USE ONLY

Postmark Date: Dec 28/06

TERM

3060694

1. NAME Griffin Christopher
Last First MI

NAME CHANGE
Last First MI

2. BUSINESS PHONE (504) 220-1550
(Area Code) Phone Number

3. FAX PHONE N/A

4. BUSINESS ADDRESS 200 East Lakeview Drive LaPlace Louisiana 70068
Street and No. City State Zip

MAILING ADDRESS Same as above
Street and No. City State Zip

5. EMPLOYER sanofi-aventis

6. EMPLOYER'S ADDRESS 58 Alpine Drive, Latham, New York 12110
Street and No. City State Zip

7. Have you ceased or terminated all lobbying activities requiring registration? Yes ☒ No ☐

8. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1) Name sanofi-aventis

Address 58 Alpine Drive, Latham, New York 12110

Business or purpose Matters affecting the pharmaceutical manufacturing and health care industries.

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☒ Terminated Representation as of June 22, 2006

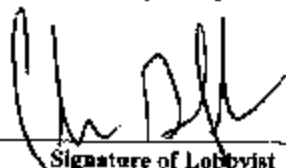
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- 2) Name N/A
Address _____
Business or purpose _____
☐ New Representation
Does this person pay you? _____
If No, who pays you? _____
☐ Terminated Representation as of _____
- 3) Name N/A
Address _____
Business or purpose _____
☐ New Representation
Does this person pay you? _____
If No, who pays you? _____
☐ Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.



Signature of Lobbyist